



# Flexible Spending Account Account Change or Termination Form

<b>Date:</b>	
<b>Company Name:</b>	
<b>Employer ID Number:</b>	
<b>Employee Name:</b>	
<b>Employee Social Security Number:</b>	

**Address Change / Name Change**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Qualified Change in Status Event**

Change in marital status (marriage or divorce)

Change in number of dependents (birth, commencement or termination of adoption proceeding, dependent satisfies or ceases to satisfy eligibility requirements, or death)

Change in employment status of employee or spouse

If employee termination, COBRA elected?  No  Yes

If yes, date employee has continued coverage through: \_\_\_\_\_

Commencement or return from Family Medical Leave

Other: \_\_\_\_\_

Effective Date	Last Name	First Name	Relationship to Employee	Date of Birth	Adding/Terminating Coverage
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

New Pay Period Salary Redirections beginning with \_\_\_\_\_ pay day.

Health Care FSA \$ \_\_\_\_\_ Dependent Care FSA \$ \_\_\_\_\_

Individual Insurance Premium Reimbursement \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_ Parking \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_